U.S. Postal Service™ CERTIFIED MAIL® RECEIPTED 09/20/1 v-0 4064 Domestic Mail Only For delivery information, visit our website at www.usps.com®. MARKIDANO HEIGHTEP MD 63083 2340 Certified Mail Fee \$3.50 Extra Services & Fees (check box, add fee Return Receipt (hardcopy) 0000 Return Receipt (electronic) Postmark Certified Mail Restricted Delivery Adult Signature Required Adult Signature Restricted Delivery \$ Postage \$0.55 Total Postage and Fees 7019 Sent TO Medicied ITNC Mary land Height MO 63043-0629 PS Form 3800. April 2015 PSN 7530-02-000-9047

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

MEDICREDIT, INC. 70 BOX 1629 MARYLAND HEIGHTS, MO 63043-0629

9590 9403 0424 5163 6644 13

2. Article Number (Transfer from service label) 4652 5967 7015 1660

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery
 - ☐ Yes D. is delivery address different from item 1? If YES, enter delivery address below: ☐ No

3. Service Type ☐ Adult Signature

\$500)

- ☐ Adult Signature Restricted Delivery ☐ Certified Mail®
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- ☐ Priority Mail Express® ☐ Registered Mail™
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Sender: Please print your name, address, and ZIP+4[®] in this box

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- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

MEDICREDIT INC POBOR 1629 MARYLAND HEIGHTS, MO 63043-0629

9590 9402 4782 8344 3959 08

2. Article Number (Transfer from service label)

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- ☐ Certified Mail® ☐ Certified Mail Restricted Delivery
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 □ Registered Mail™
 □ Registered Mail Restricted Delivery
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- ☐ Signature Confirmation[™]
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 ☐ Restricted Delivery



United States Postal Service · Sender: Please print your name, address, and ZIP+4° in this box· Kent W. Hubbard N981 COUNTY Rd G Reese VIIIe WI 53579

ովինուկիրոցինիսկների հրանիի կուների հայարդի

SENDER: 1COMPLETE THIS SECTION DOCUME COMPLETE THIS SECTION ON DELIVERY OF 6 A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ☐ Yes D. Is delivery address different from item 1? MEDICREDIT INC If YES, enter delivery address below: TI No PO BOX 1629 JUL 0 9 2019 MARYLAND HEIGHTS, MO 63043-0629 3. Service Type □ Priority Mail Express® ☐ Adult Stanature □ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® Delivery 9590 9402 4306 8190 9663 18 □ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) □ Signature Confirmation ☐ Insured Mail Restricted Delivery 4680 04E2 0000 0020 **6T**02 ☐ Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



United States Postal Service *Sender: Please print your name, address, and ZIP+4° in this box*

KENT WITHAM HUBBARD

%: N981 COUNTY ROAD G

REESEVILLE, WISCONS IN

53579

*իլես ինդրիցորից։ Սելերդի ՈՒդեսը ՄՈՐՈ*ի ինդուների ու